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SERIAL NUMBER 10/717,180	FILING OR 371(c) DATE 11/19/2003 RULE	CLASS 345	GROUP ART UNIT -2629	ATTORNEY DOCKET NO. 124795-1003
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 29/175,876 02/12/2003 PAT D,493,491

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED ** 02/18/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Examiner's Signature	Initials				

ADDRESS

32914

TITLE

Hand-held display device

FILING FEE RECEIVED 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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